

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033169

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 171

FILED AUG 26 1963

VS.300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
1 0817				
2 0810	2			
3				
4 0				
5 2				
6				
7 0				
8 2				
9 331X				
10				
11				
12 86-0				
13 1-0				

1. PLACE OF DEATH a. COUNTY Phelps b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McFarland Nursing Home		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Phelps c. CITY OR TOWN Rolla Newburg d. STREET ADDRESS (If outside, give location) McFarland Nursing Home	
3. NAME OF DECEASED (Type or print) First Middle Last Delbert Dudley Lewis		4. DATE OF DEATH Month Day Year Aug 1 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/13/1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	
11. BIRTHPLACE (City and state or country) Phelps County Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Abraham Lewis		13b. MOTHER'S MAIDEN NAME Julia E Buffer	
14. NAME OF HUSBAND OR WIFE Martha Lewis		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Wilford Lewis Newburg, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Arteriosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
20c. TIME OF INJURY Hour Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 7/12/62 to Aug 1 63 and last saw him alive on 7/31/63 Death occurred at 9:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Wm R. Sythe M.D. 22b. ADDRESS Rolla Mo 22c. DATE SIGNED 8/6/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/4/63	
23c. NAME OF CEMETERY OR CREMATORY Smith Cemetery		23d. LOCATION (City, town, or county) So Of Newburg, Mo	
24. FUNERAL DIRECTOR Lee Johnson Newburg, Mo.		25. DATE RECD. BY LOCAL REG. Aug 16, 1963	
26. REGISTRAR'S SIGNATURE Madeline L. Stoeck			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Let with Mr. 8-3-63  
Permit issued

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. L. Sturman

Licensed Embalmer No. 5043

P. O. Address Newburg Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.